

POSITION	INITIALS	ID NO.	DATE
	<i>AW</i>	<i>67614</i>	<i>11/18/55</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>05955</i>	<i>1/4</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	6/12/61
2	8/6/61
3	8/6/61
4	8/6/61
5	8/6/61
6	8/6/61
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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